



FEDERAL DIRECT PLUS LOAN INFORMATION FORM SUMMER 2017

The Federal Direct Parent's Loan for Undergraduate Student (PLUS) allows parents to borrow on behalf of their child. The U.S. Department of Education Direct Loan Servicing Center will conduct a credit check on the parent borrower before approving the loan. If the loan is denied because of an adverse credit history, the Servicing Center will notify the parent. In this event, the dependent student may apply for an additional Unsubsidized Federal Direct Student Loan. PLEASE NOTE: At least half-time enrollment (6 credits) is required for this program.

NOTE: ONLY ONE PARENT SHOULD COMPLETE THIS APPLICATION - The applicant must be the student's biological or adoptive mother or father. A stepparent is also eligible to borrow if his/her financial information is reported on the FAFSA.

STUDENT'S NAME	last	first	mi
STUDENT'S SOCIAL SECURITY NUMBER	STUDENT'S SU ID		
LOAN REQUEST	\$		
SUMMER ENROLLMENT	5-Week Session 1 (June 1 - July 6) # of credits enrolled: ____	10-Week Session (June 1 - Aug 11) # of credits enrolled: ____	5-Week Session 2 (July 10 - Aug 11) # of credits enrolled: ____
PARENT'S NAME	last	first	mi
PARENT'S SOCIAL SECURITY NUMBER			
HAVE YOU PREVIOUSLY BORROWED A PLUS LOAN AT SALISBURY UNIVERSITY?			yes ____ no ____
PARENT'S PERMANENT ADDRESS	street		
	city	state	zip
PARENT'S HOME TELEPHONE			
RELATIONSHIP TO STUDENT	biological/adoptive father		biological/adoptive mother
	stepfather		stepmother
PARENT'S DATE OF BIRTH	(mm/dd/yyyy)	PARENT'S EMAIL	
PARENT'S CITIZENSHIP	U.S. Citizen or National ____		Permanent Resident or Eligible Non-Citizen ____*
	*Alien Registration Number: _____ (you must attach proof of citizenship)		

All Title IV Financial Aid is applied to tuition, mandatory fees, and if living on-campus, room and board charges. If the student has any other charges (parking fines, library fees, etc.), do you authorize the PLUS Loan funds to pay these?

yes ____ no ____

(Please note: If you do not respond to the question above, a response of "YES" will be assumed.)

Parent Signature _____ **Date** _____

If you want to borrow under this program, return this form to the Financial Aid Office, Salisbury University, 1101 Camden Avenue, Salisbury, Maryland 21801 or fax it to our office at 410-543-6138 YOUR PROMPT ATTENTION IS REQUIRED.